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Date of Deposit: July 3, 2003

Paige A. Johnson
Paige A. Johnson

Attorney Docket No. 11000.1037c5
PATENT APPLICATION

00746 U.S. PTO
10/613413
07/03/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP PATENT APPLICATION

Commissioner of Patents

P O Box 1450

Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL LETTER (LARGE ENTITY)
UNDER 37 CFR 1.53(b)

Dear Sir or Madam:

Transmitted herewith for filing is the patent application of

Inventors : **Matthew SLEEMAN and J. Greg MURISON**

For : **FIBROBLAST GROWTH FACTOR RECEPTORS AND METHODS FOR THEIR USE**

This application claims priority as a continuation-in-part of International Patent Application No. PCT/NZ03/00105, filed May 27, 2003 and is a continuation-in-part of U.S. Patent Application No. 10/157,444, filed May 28, 2002, which is a continuation-in-part of U.S. Patent 09/823,038, filed March 28, 2001, which claims priority to International Patent PCT/NZ00/00015, filed February 18, 2000; and to U.S. Provisional Patent 60/221,216, filed July 25, 2000, and is a continuation-in-part of U.S. Patent 09/383,586, filed August 26, 1999, now U.S. Patent 6,424,419; which is a continuation-in-part of U.S. Patent Application No. 09/276,268, filed March 25, 1999, now abandoned.

- [X] Patent Application Data Sheet;
- [X] 97 pages of specification, claims, and abstract;
- [X] Formal Drawings (28 Sheets, Figs. 1-28);
- [X] 74 pages of Sequence Listing;
- [X] Sequence Listing Statement;
- [X] A copy of the written Sequence Listing in computer readable form (CRF)

DISK TO STAC
JUL 07 2003
PATENT & TRADEMARK OFFICE
DATE:

- [X] Combined Declaration and Power of Attorney (unsigned);
[X] Check in the amount of \$3,209.00 is enclosed herewith to cover the filing fees;
[X] Return-receipt postcard.

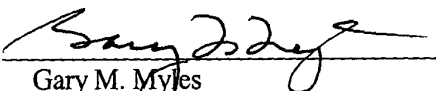
The claims have been calculated as follows:

CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee
				\$ 750.00
Total Claims	71 - 20 = 51	x	\$ 18.00	= \$ 919.00
Independent Claims	18 - 3 = 15	x	\$ 84.00	= \$1,260.00
Multiple Dependent Claim Fee			\$280.00	\$ 280.00
TOTAL FEE				\$3,209.00

1. [X] A check in the amount of **\$3,209.00** is enclosed in payment of the above **TOTAL FEE**.
2. [X] The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this application or to credit any overpayment to Deposit Account No. 19-3555. A duplicate copy of this transmittal is enclosed.
3. [X] Address all future correspondence and telephone calls to **Gary M. Myles** at:


SPECKMAN LAW GROUP
1501 Western Avenue, Suite 100,
Seattle, WA 98101
Tel.: 206.382.1191

Respectfully Submitted,

By: 
Gary M. Myles
Registration No. 46,209

Date: **July 3, 2003**

SPECKMAN LAW GROUP


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